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THE HOUSE COMMITTEE ON APPROPRIATIONS

STATEMENT OF
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SURGEON GENERAL OF THE NAVY
BEFORE THE
SUBCOMMITTEE ON DEFENSE
OF THE
HOUSE COMMITTEE ON APPROPRIATIONS
SUBJECT:
DEFENSE HEALTH PROGRAM

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Chairman Young, Ranking Member Visclosky, distinguished Members of the Subcommittee, thank you for the opportunity to appear before you today and update you on our priorities, opportunities and challenges. I can report to you that the Navy Medicine team is mission-ready and delivering world-class care, anytime, anywhere. On behalf of the 63,000 dedicated men and women of Navy Medicine, we remain grateful to the Committee for your outstanding support.

Aligning Strategic Imperatives and Efficiencies

Navy Medicine exists to support the operational missions and core capabilities of both the United States Navy and the United States Marine Corps. These responsibilities mandate that we are fully synchronized with the leadership priorities of the Secretary of the Navy, Chief of Naval Operations and Commandant of the Marine Corps. The Navy-Marine Corps team is forward deployed and operating around the world in support of the warfighting mission.

My charge to the Navy Medicine leadership is clear: Our strategic planning efforts must reflect the direct and sustained actions to meet our readiness mission and remain flexible in the face of changing operational requirements. We are a responsive force that is capable of operating in all warfare domains.

My 2013 Charted Course reflects the following strategic goals: **Readiness; Value; and Jointness**. These are direct, clear and relevant to the men and women of Navy Medicine. Our planning process allows us to take a critical assessment of what we do, how we do it, and how well we are doing it. We must recognize when course corrections are required and decisively execute them. Our priorities are aligned with the efforts of the Military Health System (MHS) as well as those of Army Medicine and the Air Force Medical Service. This collaboration is particularly important in our support of overall MHS Governance Reform where clear lines of authority and sustaining operational capabilities are crucial. Collectively, Navy Medicine is

engaged in deliberate planning and rigorous analyses in support of solutions that will add value and improve jointness while maintaining each of the Services' readiness missions.

In this fiscal environment, we understand the demands facing all of us and we remain committed to deriving best value from the resources provided to us. We are working diligently to optimize our system, implement efficiencies and reduce purchased care expenditures for our enrolled patients. I have made recapturing private sector health care workload a priority for our military treatment facility (MTF) commanders and commanding officers. We are tracking these metrics carefully and I am encouraged by the progress we are making in this important area.

We appreciate the Committee's strong continued support of our resource requirements. The President's Budget for FY2014 adequately funds Navy Medicine to meet its medical mission for the Navy and Marine Corps. We recognize the significant investments previously made in supporting military medicine and remain committed to providing outstanding care to all our beneficiaries. We also support the revisions to the TRICARE cost sharing requirements contained in the President's Budget. These adjustments to the cost sharing structure are important to ensuring the delivery of sustainable and equitable health care benefits.

We remain concerned about the impact at our MTFs of sequestration and furlough of civilian personnel. Our civilian workforce is critical to our mission of caring for Sailors, Marines and their families. Furloughs and the associated reductions in pay will affect morale, retention and our capacity to deliver to care.

Navy Medicine is committed to achieving the Department of Defense (DoD) objective of preparing auditable financial statements and reports. Becoming audit ready will demonstrate to our stakeholders that Navy Medicine is an accountable steward of the resources we receive, and ensure that decision makers have accurate and timely information needed to execute our mission.

Primary care is at the core of improving the overall health of our beneficiaries and we continue to make investments to enhance the quality and efficiency in how we deliver these services. Medical Home Port (MHP) is Navy Medicine's adaptation of the successful civilian Patient-Centered Medical Home (PCMH) concept of care. MHP transforms the delivery of primary care to an integrated, team-based approach offering a comprehensive suite of services.

We have tailored the MHP model for the operational community and expanded it to select sites in order to provide the same patient-centered benefits to the operational forces. The nine demonstration project sites, six for Marine-Centered Medical Home (MCMH) and three for Fleet-Centered Medical Home (FCMH), will enhance access between the patient and their health care team, to include secure messaging. The focus is on improving the medical readiness and health of the Marine and Sailor and ensuring they are deployable and mission-ready. Integrated behavioral health providers will be part of the MCMH and FCMH team creating portals of care that should help minimize stigma.

I am encouraged by the results we are seeing from our MHP implementation. In evaluating several of our MHP practices, we have seen improvement in same-day access to care, as well as an increase in patient satisfaction and decrease in patients using the emergency department for non-emergent care. We have over three-quarters of a million patients enrolled in MHP. To date, two-thirds of our MHP practices have submitted for National Committee for Quality Assurance (NCQA) recognition and 100 percent were successful in earning recognition. All remaining MHP practices will pursue recognition by the end of 2013.

Operating Forward: Protecting Warfighter Health

We provide health care support in the full range of naval and amphibious operations - afloat on ships, submarines and squadrons, operating with special warfare units or embedded with the Marine Forces. In today's dynamic operational environment, this responsibility spans many dimensions from treating battlefield casualties in-theatre, to mitigating the health risks of our deployed forces through preventive medicine, to supporting global health engagement through disaster response and humanitarian assistance and ensuring that we invest in programs that promote all aspects of wellness.

Navy Medicine continues to provide life-saving expeditionary combat casualty care in support of Operation ENDURING FREEDOM. We lead the NATO Role 3 Multinational Medical Unit (MMU), operating at Kandahar Airfield, Afghanistan. The Role 3 is an advanced 70,000 square foot world-class combat trauma hospital that serves a unique population of U.S. and Coalition forces, as well as Afghan National Army, National Police and civilians wounded in Afghanistan. It serves as the primary trauma receiving and referral center for all combat casualties in Southern Afghanistan and has 12 trauma bays, four operating rooms, 12 intensive care beds and 35 intermediate care beds. We also provide the only neurosurgery, ophthalmology, oromaxillofacial surgery and interventional radiology services in the western half of Afghanistan. The team is comprised of approximately 250 staff of active component (AC) and reserve component (RC) personnel. The MMU also has Forward Surgical Teams deployed in the region to provide frontline surgical trauma care.

I have traveled to the Central Command (CENTCOM) Area of Responsibility (AOR) and witnessed the stellar performance of our men and women serving at the Role 3. Their collective efforts, both personally and professionally, are inspiring.

Throughout Navy Medicine, we are also adapting and employing the unique skill sets of our Forward Deployed Preventive Medicine Units (FDPMUs) to meet operational mission requirements and aligning them with Navy Expeditionary and joint units to provide critical force health protection capabilities. FDPMUs are specialized public health teams that can be deployed to enhance the capabilities of the Marine Corps' organic medical assets. They provide flexible and sustainable support through rapid assessment and identification of health hazards leading to recommendations for protective or control measures that reduce potential health threats to deployed personnel. FDPMUs can deploy a theater validation public health laboratory, conduct detailed disease outbreak investigations, provide capacity-building training and guidance for local nationals, and conduct advanced health surveillance for deployed forces.

Ensuring our providers have the proper equipment to execute their mission is important especially when serving in challenging environments around the world. Recognizing this priority, our Naval Medical Logistics Command (NMLC) played a primary role in all facets of re-outfitting the Expeditionary Medical Facility (EMF) at Camp Lemonier, Djibouti. Our logisticians conducted a site assist visit at EMF Djibouti in April 2012 to oversee the installation of all new medical equipment and implemented a medical equipment maintenance-life cycle management plan. In conjunction with their Army colleagues from the 6th Medical Logistics Management Center, our experts assessed EMF Djibouti's medical supply chain procedures, medical maintenance operations and medical logistics processes on behalf of the Commander Joint Task Force-Horn of Africa (CJTF-HOA) Surgeon. These efforts provide the tools, resources and systems necessary to assist clinicians and support staff as they deliver outstanding health care, while navigating the challenges inherent in an austere environment.

Through our overarching global health engagement (GHE) efforts, Navy Medicine plays an integral role in theater security cooperation, security assistance and disaster relief efforts. GHE is a peaceful means to foster and maintain relationships with allies and international partners that directly support National Security and Combatant Command theater security cooperation efforts. We are often the first responder for humanitarian assistance and disaster response (HA/DR) missions due to the presence of organic medical capabilities with forward deployed Navy assets. Our hospital ships, USNS MERCY (T-AH 19) and USNS COMFORT (T-AH 20), are optimally configured to deploy in support of HA/DR activities in South America, the Pacific Rim and East Asia. During 2012, Navy Medicine personnel participated in several humanitarian assistance and humanitarian civic action missions, including *Pacific Partnership*, *Continuing Promise* and *African Partnership Station*.

Wellness and health promotion are critical components of force health protection. The Department of Navy 21st Century Sailor and Marine program is focused specifically on wellness objectives and policies across a spectrum of programs. These important efforts are targeted at maximizing Sailors and Marines' personal readiness, especially given the physical and mental demands of our sustained operational tempo over the last decade of combat operations. The 21st Century Sailor and Marine program includes the following key areas: (1) Readiness; (2) Safety; (3) Physical Fitness; (4) Inclusion; and (5) Continuum of Service. It incorporates several aspects of vital programs including suicide prevention, safety, healthy lifestyle, work-life balance and our zero tolerance for sexual harassment and assault. Collectively, these efforts are important to maintaining combat effectiveness, resiliency and fitness, while reinforcing behaviors consistent with Navy Core Values of Honor, Courage and Commitment.

Navy Medicine is active in all aspects of the 21st Century Sailor and Marine program. Through our Navy and Marine Corps Public Health Center (NMCPHC) Health Promotion and Wellness initiative, we have targeted focus areas including - healthy eating, active living, reproductive and sexual health, psychological and emotion well-being, tobacco-free living, drug abuse and excessive alcohol use prevention, as well as injury and violence free living. Our efforts also include educating our Sailors, Marines and their families of the dangers of designer drug compounds, including synthetic cannabinoids and cathinones (“spice” and “bath salts,” respectively). We launched an expansive Navy and Marine Corps-wide outreach campaigns to ensure our personnel know the dangers of these drugs, as well the impact on their health and careers. We also expanded our drug screening to include testing for these compounds.

Caring for Sailors, Marines and Families

Our highest responsibility is caring for our service members and their families, wherever and whenever they need us. All of us recognize the impact on our force and families brought about by over a decade of war and the increased operational tempo. In response to these challenges, we continue to invest in programs of support and treatment that are focused on building resiliency and operational stress control, fostering psychological health and providing patient-centered compassionate care. Navy Medicine’s Psychological Health programs support the prevention, diagnosis, mitigation, treatment and rehabilitation of post-traumatic stress disorder (PTSD) and other mental health conditions, including the seamless transition of service members throughout the recovery and reintegration process. Our priority is ensuring appropriate staffing, meeting access standards, implementing evidence-based practices, and reducing stigma.

We are making progress and will continue our sustained efforts to ensure that our Sailors, Marines and families have access to the services they need. As the war draws down, we must

anticipate the psychological health issues that will emerge as our service members return home, develop appropriate surveillance methods for identifying those in need and deliver readily accessible, quality behavioral health care.

The concepts of Combat and Operational Stress Control (COSC) are being taught across the leadership continuum. These programs promote psychological health by fostering resilience, reducing stigma and focusing on the early recognition of stress problems. Operational Stress Control training is also incorporated into the General Military Training (GMT) for both Navy and Marine Corps personnel. Navy Medicine's Caregiver Operational Stress Control (CgOSC) program, which includes Combat and Operational Stress First Aid (COSFA), applies COSC principles specifically to caregivers who provide services to Sailors and Marines.

Our Navy Mobile Care Teams (MCTs) provide in-theatre behavioral health surveillance of Navy Individual Augmentees (IAs) using the Behavioral Health Needs Assessment Survey (BHNAS). Through BHNAS data, MCTs provide command level consultation and preventive mental health care throughout every region of Afghanistan. The 2012 BHNAS data provide clear evidence that satisfaction with leadership and unit cohesion are protective factors against the development of PTSD symptoms following a traumatic event. While the stigma associated with mental health care remains an issue, the Navy and Marine Corps are making strides in increasing the willingness of service members to seek this care. Data from both the Joint Mental Health Advisory Team (JMHAAT) and the MCTs suggest that service members are more likely than in the past to seek this care or encourage their shipmates to do so.

The Navy is fostering a culture that promotes resilience and wellness, largely through programs that embed mental health providers in operational units and primary care settings. Our mental health providers are now embedded within a variety of operational units, including

all aircraft carriers, all Marine Corps infantry regiments, all Navy Special Warfare and Marine Special Operations Commands, and in a variety of other settings. In 2012, we also began to assign mental health providers to all deployed Amphibious Readiness Groups. Placing our providers with the operating forces increases access to care, reduces the stigma associated with seeking care and helps promote resilience and prevent behavioral health complications.

Navy Medicine continues to meet access standards through improved efficiencies and increasing the size of the mental health work force to support the readiness and health needs of Sailors and Marines throughout the deployment cycle. We are also ensuring compliance with the required Mental Health Assessments for our deployers at the specified intervals and have made this process more efficient through the application of the latest version of the electronic Deployment Health Assessment (eDHA). These assessments focus on depression, alcohol abuse and PTSD, and include both questionnaires and person-to-person evaluations, with referrals for follow-up as indicated. The addition of the enhanced mental health questions provides a good measure of the effects of the conflict on resilience and readiness.

We are also ensuring that our Sailors and Marines have access to the latest evidence-based treatment programs. The Naval Medical Center San Diego (NMCSD) Overcoming Adversity and Stress Injury Support (OASIS) program continues to provide intensive mental health care for service members with combat-related mental health symptoms, including PTSD. This unique model of residential treatment incorporates integrative treatment therapies and is designed for patients who have not improved with outpatient treatment.

Navy Medicine also supports an integrated substance abuse strategy to provide ready

access to high quality services for active duty members and their families. Our Substance Abuse Rehabilitation Program (SARP), with 51 sites, supports the prevention, diagnosis, mitigation, treatment and rehabilitation of substance use disorders and other mental health conditions. Levels of Navy SARP treatment include residential treatment, intensive outpatient treatment, outpatient treatment, early intervention and evidence-based screening, pre-care and continuing care. The Navy MORE (My Ongoing Recovery Experience) program is an online and telephone-based recovery and support program for patients recovering from alcohol dependence. In 2012, MORE was recognized by the Institute of Medicine (IOM) for its innovative use of the Internet and the provision of a confidential source of support for recovery.

Our Naval Center for Combat and Operational Stress Control (NCCOSC) is pilot testing the Psychological Health Pathways (PHP) Program at NMCS D and Naval Hospital Camp Pendleton. PHP is an initiative to assess the treatment of PTSD and improve the psychological care of patients with PTSD and other disorders. It uses a standard assessment process to collect patient demographics, outcome measures and treatment reviews. These data inform treatment planning and progress and assist in program evaluation, resource allocation, and clinic management. It provides real-time, evidence-informed data to improve the care provided to service members. Over 3,000 patients have participated in the PHP program, providing information that has enabled clinics to modify treatment to target symptoms that were not responding to prior treatment methods.

One of the most significant challenges confronting us is suicide. Each tragic loss of life due to suicide is heartbreaking, destroys families and impacts command. Suicide prevention is an important component of our Operational Stress Control programs as well as the 21st Century Sailor and Marine initiative. In conjunction with the Navy and Marine Corps suicide prevention

program offices, we are focusing on training, intervention, response and reporting. We are also working closely to identify and reduce gaps in prevention and treatment and leverage evidence-based practices along with on-going research efforts. These efforts require leadership engagement at all levels of command, community involvement and a culture that encourages asking for help. All of us in uniform have a responsibility to care for our shipmates and remain vigilant for signs of stress. A-C-T (Ask – Care – Treat) remains an important framework of response. I have reiterated to the men and women of Navy Medicine that it takes a lot of courage to reach out for help; however, it is something that we must do and encourage our shipmates to do.

In response to an increasing number of suicides among Navy Medicine personnel, I directed a thorough review of the Navy Medicine suicides that occurred between January 2011 and October 2012. The team conducting this review was comprised of experts from many areas, including representatives from the Navy and Marine Corps mental health community, the Navy Criminal Investigative Service, the Armed Forces Institute of Pathology, Fleet and Family Service Centers and others. An analysis of each individual case was conducted, risk factors were assessed and recommendations were made in four key areas: leadership and policy; prevention and training; access to and delivery of care; and, surveillance. The review team found several risk factors we must target, both as leaders and as care providers. In addition, we are continuing to actively participate in suicide prevention initiatives throughout the Navy and Marine Corps, and with the Defense Suicide Prevention Office (DSPO), to develop the strongest possible joint service suicide prevention initiatives, serving “every Sailor, every day,” and supporting their families.

We know that family readiness is inextricably linked to force readiness. When our Sailors and Marines deploy, families are their foothold. We are also committed to improving the

resiliency and well-being of our family members. A vital aspect of caring for our service members is also ensuring that their families are cared for and have the support they need.

Project FOCUS (Families Over Coming Under Stress) is a skill building resiliency training prevention program designed to address difficulties that military families may experience when facing the challenges of operational deployments, combat stress or injuries. FOCUS uses family level techniques to highlight areas of strength and resilience, identify areas in need of growth and change to contend with current difficulties. FOCUS is widely recognized as the model for prevention/intervention psychological health services for military families. In FY2012, FOCUS provided services to over 91,000 military family members. We are encouraged that outcomes have shown statistically significant improvement in anxiety and depression for both children and parents.

Navy Medicine continues to place a high priority on the mental health needs of our reserve personnel and their families. The Reserve Psychological Health Outreach Program (PHOP) serves both the Navy and Marine Corps Reserve Components to improve the overall psychological health of reservists and their families. PHOP teams of licensed mental health professionals provide support and screening via phone and email, conduct psychological health training and screening during unit visits, and a 24/7 information line where unit leaders, reservists and their families can obtain appropriate resources for issues related to employment, finances, psychological health, family support and child care. In FY2012, PHOP provided over 11,000 outreach contacts to returning service members and provided behavioral health screenings for approximately 1,000 reservists. They also made over 500 visits to reserve units and provided over 800 presentations to approximately 19,000 reservists, family members and commands. As of April 2013, over 12,500 service members and their loved ones have

participated in 106 Returning Warrior Workshops (RWWs). RWWs assist demobilized service members and their families in identifying immediate and potential issues that often arise during post-deployment reintegration.

Navy Medicine continues to focus on Traumatic Brain Injury (TBI) care, both in theatre and in garrison. We have developed a comprehensive plan to address the care and management of TBI across the enterprise. This plan encompasses a systematic approach to TBI care, including training, treatment and reporting, to ensure that all service members receive the best quality of care from point of injury to reintegration. In FY2012, there were 5,487 incidents of TBI for Sailors and 8,207 incidents of TBI for Marines. Approximately 83 percent of these incidents were classified as mild in severity (mTBI), otherwise known as concussion. According to the Defense and Veterans Brain Injury Center (DVBIC), 84 percent of TBIs in the DoD occur in non-deployed settings. Therefore, the care and management of TBI is an important issue, both in and out of the theatre environment.

Prior to deployment to combat zones, Sailors and Marines take the Automated Neuropsychological Assessment Metrics (ANAM). This computerized test provides baseline data for comparison to post injury cognitive functioning, which may be used for making return to duty determinations in concussed patients. This pre-deployment neurocognitive assessment program is fully implemented at 40 Navy Medicine sites worldwide.

Since 2010, TBI treatment and tracking has advanced due to the implementation of DoD policies for the management of concussion in deployed settings. DoDI 6490.11 (Guidance for the Management of Mild Traumatic Brain Injury/Concussion in the Deployed Setting – 18 September 2012), which replaced the initial policy DTM 09-033, mandates point of injury screening, prescribes rest periods and establishes the required documentation of TBI exposures.

The Navy provides concussion care at the Kandahar Role 3 Concussion Center and the Concussion Restoration Care Center (CRCC) at Camp Leatherneck. Since August of 2010, the CRCC has treated nearly 1,100 service members with concussion. CRCC patients have a 98 percent return to duty rate in an average of 10 days. All Sailors and Marines deployed “boots on the ground” are also required to complete post-deployment health assessments. Those who endorse any TBI-related symptoms are flagged to receive follow-up evaluation and, if necessary, treatment. Navy Medicine will soon be supplementing the Post-deployment Health Assessment (PDHA) with an event-driven process, utilizing the TBI exposure tracking list generated from the DoDI 6490.11, to automatically flag Sailors and Marines for additional follow-up.

In garrison, both the Navy and Marine Corps have focused on standardizing TBI care throughout our MTFs. These efforts include standardized training, treatment and reporting of TBI incidents. Our comprehensive TBI training requirements ensure that all those who treat patients with TBI are aware of the latest evidence-based practices. Navy Medicine has leveraged the success of DoD in-theatre practices to develop TBI system of care algorithms for the evaluation and treatment of TBI in garrison. These algorithms are intended to standardize TBI care across the enterprise, from the acute management of TBI to recovery and return to duty. These algorithms, which mirror the theatre TBI care system, are being piloted in select locations.

Last year, DoD accepted an offer from the Intrepid Fallen Heroes Fund to build several National Intrepid Center of Excellence (NICoE) Satellites to locally treat our military personnel who have sustained mild or moderate TBI, with or without co-occurring mental health disorders, such as PTSD. Marine Corps Bases Camp Lejeune and Camp Pendleton, along with seven Army sites, have been selected as NICoE satellite locations. Construction is currently underway on the NICoE Satellite at Camp Lejeune, which is scheduled to open in the summer of 2013.

Access to the specialized care provided by these satellites has been incorporated into Navy Medicine TBI treatment algorithms, and these satellites will provide advanced evaluation and care for service members with persistent clinical symptoms following mTBI/concussion. Navy Medicine will continue to work with the NICoE and NICoE Satellites, as well as other stakeholders in the DoD, VA, and civilian academic medical centers, to elevate TBI care across the nation.

Given the severity of physical and behavioral health injuries incurred by our service members supporting the ongoing war in Afghanistan, case managers are essential members of the DoD/VA health care team. Navy Medicine currently has 230 case managers providing services to service members, retirees and their families. Our continued efforts to improve, refine and standardize case management services throughout the federal health care system will ensure that the services provided to our recovering service members, veterans and families are comprehensive, integrated and of the highest quality.

Ensuring our service members have access to appropriate pain management remains an important priority. Our Navy Comprehensive Pain Management Program (NCPMP) is designed to aid in restoration of function and relief of pain by broadening access to state-of-the-art, evidence-based, standardized, multidisciplinary pain care across Navy Medicine. We are integrating our pain management providers (“R4 teams” – Readiness, Restoration, Relief, and Research) into primary care and leveraging telehealth consultation and education capabilities. Within our NCPMP implementation, we are also focused on prescription medication misuse training for all providers as well as standardizing access to Complementary and Alternative Medicine (CAM) evidence-based non-pharmacologic therapeutics.

Leading the Way: The Navy Medicine Team

The success in meeting our mission is a direct result of our outstanding Navy Medicine team. Over 63,000 strong, these men and women – comprised of military personnel, government civilians and contractors – are working to care for Sailors, Marines, their families and all those entrusted to their care. We are keenly aware that our ability to sustain our readiness is linked to recruiting and retaining a talented workforce. I am grateful for your continued support of accession and retention incentives which have enabled us to realize manning improvements in several key specialty areas. Active Component (AC) and Reserve Component (RC) recruiting and retention remains a top priority and sustaining these incentive programs remain important to both our overall manning as well as our specialty requirements both now and in the future.

Navy Recruiting attained 103 percent of AC Medical Department officer goal and 87 percent of RC Medical Department officer goal for FY2012. For the same period, overall AC Medical Department officer manning improved to 98 percent, a 10-year high, primarily due to improved retention. Improvements in special pays have also been effective in mitigating manning shortfalls, especially within the AC.

Some specialty shortages do exist, mainly due to billet growth. AC mental health provider manning continues to improve with psychiatry, clinical psychology and social work manned at 91 percent, 80 percent and 55 percent, respectively. Mental health nurse practitioner manning is now over 100 percent filled and we anticipate social worker manning to be at 100 percent by end of FY2014.

While RC Medical Department officer manning is 90 percent, RC Medical Corps recruiting continues to be our greatest challenge and priority. Higher AC Navy retention rates have resulted in a smaller pool of medical professional Navy Veterans (NAVETs) leaving active duty.

With fewer NAVETs, coupled with lower than average NAVET affiliation rates, RC medical recruiting relies more heavily upon the Direct Commission Officer (DCO) market. Current Medical Corps RC manning is 76 percent of requirement with specialty manning shortages continuing in orthopedic surgery, general surgery and anesthesiology. We continue to offer incentives to improve manning. Depending on specialty, some reservists earn a \$75,000 accession bonus and some up to a \$75,000 retention incentive. We also actively promote the Training in Medical Specialties Program by offering financial incentives to clinicians who are currently in residency or fellowship training programs and have increased the number of senior officer physician billets which will improve opportunities for promotion.

Current manning for the RC Nurse Corps is 90 percent of requirement. The stipend program as well as retention and recruiting bonuses have had a significant impact in improving manning in registered nurse anesthetist and mental health nurse practitioner communities.

AC/RC Hospital Corps enlisted recruiting attained 100 percent of goal in FY2012 and our AC current enlisted manning is 99 percent, despite some shortages in key areas. Surface Independent Duty Corpsman (IDC) is manned at 88 percent, Submarine IDC at 91 percent, Dive IDC at 90 percent, and Fleet Marine Force HM RECON at 54 percent. This community's manning level is direct result of Special Operations Forces growth in the Irregular Warfare area. Special and Incentive pays and increased recruiting efforts are being utilized to improve the manning in this critical skill set. Our overall current RC enlisted manning is 99 percent.

Equally vital to Navy Medicine's mission is our federal civilian workforce. Collectively, they provide stability and continuity within our system, particularly as their uniformed colleagues deploy, change duty stations or transition from the military. Throughout our system, they provide patient care and deliver key support services in our medical centers, hospitals and clinics

as well as serve as experienced educators and mentors – particularly for our junior military personnel. I am encouraged by our success in recruiting and retaining our high quality civilian personnel and appreciate the pay, compensation and hiring authority flexibilities that we have been granted.

We continue to invest in training opportunities for our recovering warriors. Navy Medicine’s Reintegrate, Educate and Advance Combatants in Healthcare (REACH) Program is an initiative that provides wounded warriors with career and educational guidance from career coaches, as well as hands-on training and mentoring from our hospital staff. Since launching REACH at three centers – National Naval Medical Center (now Walter Reed National Military Medical Center), and Naval Medical Centers Portsmouth and San Diego, we have expanded to include Naval Hospitals Camp Lejeune and Camp Pendleton. To date, 55 students have enrolled in the program. A key goal in the program is to place these students into a civilian position at our facilities and we have already begun placement for 15 percent of our current program participants at our MTFs. REACH continues to move forward providing confidence and hope for a healthy transition and a future career many wounded warriors did not think possible. Our 45 volunteer mentors, working with career coaches, provide the needed support system for REACH students to progress towards their goals. We have made impressive strides and will continue to leverage these career opportunities for our wounded warriors.

I remain committed to building and sustaining diversity within the Navy Medicine workforce. We embrace what we learn from our unique differences and I believe we are more mission-capable, stronger and better shipmates because of our diversity. Our focus is creating and maintaining an inclusive environment, where our diversity reflects that of our patients and our nation, where all our personnel - both military and civilian - see themselves represented in all

levels of leadership. Navy Medicine will continue to harness the teamwork, talent and innovation of our diverse force as we move forward into our future.

Sustaining Excellence: Research and Development and Medical Education

Navy Medicine Research, Development, Testing and Evaluation (RDT&E) and Medical Education are foundational to our mission of force health protection. Along with clinical care, they form an important triad that helps us deliver world-class care and directly impact our strategic priorities of Readiness, Value and Jointness. Cutting- edge RDT&E, along with top tier medical education programs, bolsters both our current and future capabilities and help sustains a culture of excellence.

Within our research portfolio, we focus on enhancing warfighter readiness, including performance, rehabilitation, force health protection and global health. We continue to execute our strategic priorities through five key areas of investigation: (1) Traumatic Brain Injury and Post-traumatic Stress Disorder; (2) Medical Systems Support for Maritime and Expeditionary Forces; (3) Innovations in Wound Management; (4) Hearing Restoration and Protection; and (5) Undersea Medicine. This strategy reflects the balance of expeditionary medicine, clinical care and psychological health and our overarching commitment to maintaining the fitness and health of Sailors and Marines. Our operational medical research is directly linked to the Navy Medicine Strategic Plan and supports identified medical gaps affecting our operational forces. Our efforts include direct coordination with the other Services as well as the VA, academia and commercial partners. This collaboration is vital and clearly evident in the success of efforts such as the Armed Forces Institute of Regenerative Medicine (AFIRM) which is developing advanced therapies and products for our most severely wounded service members. Separate from our engagement and support of AFIRM, our direct collaborative activities with institutional

programs such as the Department of Plastic and Reconstructive Surgery of the Johns Hopkins University School of Medicine have allowed Navy Medicine physicians to be part of cutting-edge research endeavors such as the recent bilateral arm transplants provided to a wounded warrior. We leverage what we learn from such efforts to rapidly transition promising programs from early development through broad testing and delivery to acquisition stage and operational deployment.

The epicenter of these research efforts is the Naval Medical Research Center (NRMC), combined with the integrated work of our CONUS and OCONUS Naval medical laboratories. Collectively, they are engaged in health and medical research world-wide. With a cadre of scientific leadership and technical expertise focusing on force health protection and enhancing deployment readiness, our team represents years of experience in science, medicine and the military. We have an outstanding network of national and international research partnerships along with cooperative research agreements with strategic security partners and host nations to meet the mission of supporting the warfighter.

Our Clinical Investigation Program (CIP) provides resources and oversight of Graduate Medical Education (GME) clinical research conducted by medical, dental, nursing and allied health science trainees at our teaching hospitals. Last year, Navy Medicine's CIP studies were supported by over \$5 million in funding, 90 percent of which came from directed Navy Medicine DHP budget allocations. The topical areas of this medical research link directly to the five key strategic priorities in medical research. In FY2012, these CIP programs conducted 594 separate clinical investigation projects in last fiscal year, 170 of which were new endeavors.

Navy Medicine Education and Training Command (NMETC) provides and supports continuums of medical education and training that enable health services and force health

protection. Located in San Antonio, Texas on Joint Base San Antonio, NMETC is the single point of accountability for education and training services within Navy Medicine, exercising command and control over its subordinate commands, and performing executive office oversight of specified execution level programs. These responsibilities also include an important role for our Navy personnel at the tri-service Medical Education Training Campus (METC) in San Antonio where over 5,000 Basic A-School Sailors trained as hospital corpsmen and 2,000 hospital corpsmen trained in 19 advanced technician programs. The combination of exceptional new facilities, state-of-the-art technologies, best practice curriculum design and a cadre of hard-working, dedicated, professional instructors, is producing an unprecedented level of quality across the training spectrum for our hospital corpsmen.

GME is vital to the Navy's ability to train board-certified physicians and meet the requirement to maintain a tactically proficient, combat-credible medical force. Robust, innovative GME programs continue to be the hallmark of Navy Medicine. We are pleased to report that despite the challenges presented by over ten years of war, GME remains strong. Our institutions and training programs continue to perform well on periodic site visits by the Accreditation Council for Graduate Medical Education (ACGME) and most are at or near the maximum accreditation cycle length. The performance of our three major teaching hospitals, in particular, has been outstanding with all maintaining the maximum five-year accreditation cycle length. Board certification is another hallmark of strong GME. The overall pass rate for Navy trainees in 2011 was at or above the national average. Our Navy-trained physicians continue to prove to be exceptionally well-prepared to provide care throughout the MHS to service members and their families and in diverse and demanding operational settings.

Leveraging Collaborative Engagements

Sound partnerships and collaborations are critical to advancing our strategic priorities of Readiness, Value and Jointness. On the battlefield, we see remarkable results as the Services work jointly throughout the continuum of care to save lives at unprecedented rates. We also recognize that we must continue to work collaboratively with our VA colleagues, other federal agencies and leading academic and private institutions in addressing some of our most challenging issues facing our returning service members, including suicide prevention, PTSD, TBI and regenerative medicine. There is no doubt that the complex problems of delivering care to a growing beneficiary population in a resource-constrained environment demands that we leverage our partnerships, deploy best clinical and business practices and make full use of rapidly accelerating technologies.

Navy Medicine has an extensive history of sharing initiatives with the VA. Currently, these efforts have resulted in seven unique collaborations and over 50 sharing agreements for many health care services that benefit each of the Departments. This relationship has become increasingly more important as both Departments seek solutions to maximize limited resources and enhance the transition of care for service members as they move from active service to veteran status.

The Captain James A. Lovell Federal Health Care Center (FHCC), Great Lakes is the first fully integrated facility with the Department of Veterans Affairs and Department of Defense staffs working together to support a single, combined mission. The FHCC provides care for active duty service members, veterans and TRICARE beneficiaries (military families, including infants/children). In January 2012, the FHCC received accreditation from the Joint Commission.

This five-year demonstration project continues to show progress; however, we recognize that challenges remain particularly with the integration of information technology. Both Departments have worked aggressively to implement solutions in several key information technology/information management areas including single patient registration, orders portability and clinical context management. In addition, the comprehensive evaluation of this demonstration project as required by the FY2010 National Defense Authorization Act, along with the external assessments by the Government Accountability Office (GAO) and the Institute of Medicine (IOM), will provide important information as DoD and the VA consider the feasibility of future integrations.

The DoD-VA iEHR is critical to the success of our long-term collaborative efforts and both the Secretary of Defense and Secretary of Veterans Affairs have stressed the importance of this initiative in supporting our service members and their families. When fully implemented, the iEHR will serve as the joint DoD/VA electronic health records system delivering an effective, standards-based, comprehensive system of records which will track the lifelong medical history of service members, retirees, veterans and their family members. In February 2013, the Secretaries of Defense and Veterans Affairs indicated that the focus will be on integrating DoD and VA IT systems with the goal of reducing risk, lowering cost and accelerating the delivery timelines. We are continuing to work with the Interagency Program Office (IPO) in their role as the lead organization for DoD and VA in the developing and implementing the iEHR.

Another important collaborative effort with the VA is the DoD/VA Vision Center of Excellence (VCE). Its mission is to continuously improve vision health, optimize vision readiness and enhance quality of life for service members and veterans with disorders of the visual system. Their research agenda has led to the discovery of improved methods of protecting

deployed individuals from eye injuries and improved battlefield treatment methods. They recently launched the Defense and Veterans Eye Injury and Vision Registry Pilot which will use data from DoD systems and the VA Eye Injury Data Store for a longitudinal analysis of eye and vision injuries. Navy Medicine provides operational support to VCE and it is jointly staffed by military and VA experts.

Improving the Integrated Disability Evaluation System (IDES) is a top priority for all of us. IDES supports readiness by determining whether wounded, ill, or injured Sailors or Marines are fit for continued naval service. The service member is supported by the VA's assignment of the appropriate disability ratings for conditions determined to be service-connected. Navy Medicine administratively supports both the Navy and Marine Corps during the first 100 days of the IDES process, which includes both the Referral Phase and the Medical Evaluation Board (MEB) Phase. Medical treatment and care of our service member occurs throughout the entire process.

We continue to make progress in this important area. Navy Medicine, in collaboration with our VA counterparts, has met the 100-day MEB phase goal for 14 consecutive months for Navy service members, and nine consecutive months for Marine Corps service members. Overall, the Department of Navy IDES performance has steadily improved throughout 2012 with continued leadership focus and attention, implementation of process improvements and rapidly disseminating local site best practices.

Enduring Principles and the Way Forward

The future will be uncertain and challenging. We have much work ahead of us. I am confident we will confront these demands with professionalism, skill and commitment. We in Navy Medicine are privileged to care for our brave Sailors, Marines and their families. The mission of Navy Medicine is straightforward: We protect the health of Sailors and Marines so

they are mission-ready; and we care for their families, our retirees and their family members. Our way forward will be guided by the principles of Ship, Shipmate, Self and the Navy Ethos which provides in part that “We are a team, disciplined and well-prepared, committed to mission accomplishment. We do not waiver in our dedication and accountability to our Shipmates and families.”

I want to thank the Committee for your confidence in Navy Medicine. It has been my pleasure to testify before you today and I look forward to your questions.